

Engaging Families in Treatment and Recovery

By James E. Campbell, MA, CACII



Who am I and Why am I here?

- Manager White Horse Academy, The Phoenix Center
- Founder of Family Excellence, Inc.
- Director of Family Excellence Institute, LLC
- Associate Pastor, Connection Fellowship
- Author of: Broken Finding Peace in Imperfection
- Author of: Perfect Marriage Twenty Myths that Can Really Mess Up Your Relationships

What Are Family Strengths

- ❖ Talents
- ❖ Skills
- ❖ Knowledge
- ❖ Interests
- ❖ Dreams
- ❖ Hopes
- ❖ Goals
- ❖ Culture
- ❖ Life experiences
- ❖ Resilience
- ❖ Ownership
- ❖ Concrete resources
- ❖ Passion/Drive
- ❖ Connections/Supports
- ❖ Creativity



Barriers We Face

- **We can be scared.** Make sure the environment is safe and comfortable for families and youth to speak frankly with honesty without incriminating themselves.
- **We can be misinformed.** Make sure families have a “roadmap” with all the information they need to understand what is being discussed – be accurate and factual not judgmental.
- **We can be isolated.** Open up multiple lines of communication with families and connect them to other families.
- **We can be confused.** Watch the vocabulary – avoid acronyms and technical jargon.



Benefits of engaging families in treatment:

- **Treatment** time brief-family support ongoing
- **Quality** family member relationships
- **Family** members' understand & seek help for co-occurring psychiatric disorders
- **Supporting** post treatment strategies for sobriety

Considerations for Therapists

- • Normal cognitive and social
 - emotional development associated w/ substance use during adolescence
- • Programs should involve the client's family
 - possible role in origins of the problem
 - ability to change the youth's environment
- • Using adult programs for treating youth is ill-advised
 - If this must occur, it should be done only with great caution



Considerations for Therapists

- • Many individuals have explicitly or implicitly been coerced into attending treatment
- • Coercive pressure to seek treatment is not generally preferred as conducive to the behavior change process
- • Be sensitive to motivational barriers to change

Considering the family...

It is not what you say that supports change.

It is not what you think that supports change.

It is not simply what you do that supports change.

It is who you are as a person and who you are becoming that allows the system to change.



Considering the family...

Drugs and alcohol dysregulate limbic activity.

It is through this distortion that the very foundations of the family begin to erode.

Limbic messages become garbled.

No matter how hard they try, families touched by substance abuse are separated by chemical barriers.



Defining Family Involvement

- Family involvement has been defined in many different ways across adolescent and child serving systems.
- Terms such as *family friendly*, *family focused*, *family support*, *family centered*, and more recently *family driven* have been used to describe the role of families in advocating, participating, supporting, and evaluating treatment and recovery support services for their children.



- **Levels of Family Engagement**

- Level I: Minimal Emphasis on the Family

- Level II: Information and Advice for the Family

- Level III: Feelings and Support for the Family

- Level IV: Brief Focused Intervention

- Level V: Family Therapy



- **Levels of Family Engagement**

- **Questions:**

- What “level” are most of the families you treat?

- How do you support the progression of the “levels” with the families you treat?



- **Level I-Minimal Emphasis**

- Interactions with family members are institution centered and not family centered; and

- Families are not regarded as an important area of focus, but are dealt with for practical or legal reasons.

- **Increasing Level of Family Engagement**



- **Level II-Information and Advice**

- Knowledge base-content information about families, parenting, and development

- Personal development-openness to engage families in collaborative ways

- *engaging a group of parents and family members in a learning process*

- *making pertinent and practical recommendations*

- *providing information on community sources*

- **Increasing Level of Family Engagement**

■ **Level III-Information and Advice**

- Knowledge base – individual and family reactions to stress and the emotional aspects of the group process
- Personal development – awareness of one's own feelings in relationship to family members and the group process
 - **Example Skills:**
 - *eliciting expressions of feelings and concerns*
 - *empathetic listening*
 - *creating an open and supportive climate*
 - *tailoring a referral to the unique needs of the family*

■ **Increasing Level of Family Engagement**

- 
- **Level IV-Brief Focused Intervention**
 - Knowledge base-family systems theory
 - Personal development-awareness of one's own participation in systems including one's own family, the parents' systems, and larger community systems
-
- **Increasing Level of Family Engagement**



- **Level V-Family Therapy**

- Knowledge Base: Family systems and patterns whereby distressed families interact with professionals and other community systems
- Personal Development: Ability to handle intense emotions in families and self and to maintain one's balance in the face of strong pressure from family members or other professionals

- 
- **Program & Practice Issues When Engaging Families**
 - ***Strategies to consider***

■ Practice Issues for Families

- **What works:** families are empowered to provide valuable input for agency/program quality improvement planning.
- **Benefits:** families provide crucial input into developing community-based family support services.
- **Challenges:** family organizations lack infrastructure support, resources, and cultural competency necessary to increase the number and diversity of families involved.

Practice Issues for Professionals

- **What works:** families provide insight and experience into family use history that can impact effective service planning and practice.
- **Benefits:** increase the engagement and retention of individuals and their families in treatment, recovery, and support services.
- **Challenges:** families lack readiness to engage in treatment due to emotional crisis, culture, language, and/or logistical barriers.

Program Issues for Families

- **What works:** providers who welcome, engage, support, and respect families “where they are.”
- **Benefits:** family members gain awareness and understanding of addiction as a brain disease, develop realistic treatment and recovery expectations, and identify available family support services.
- **Challenges:** professionals’ inconsistent use of effective family engagement techniques, communication methods, cultural competency, and family support.



Additional Program Issues for Professionals

- **What works:** professionals encourage family-to-family outreach; promote awareness, peer education, and other support services.
- **Benefits:** diverse family experiences assist efforts to improve the effectiveness, efficiency, and cultural competence of program staff and services



HOLISTIC HEALING: THE FAMILY



Importance of Holistic Healing

“The Decisions of One Affects the Lives of Many.”



If a family member is addicted...

No drugs. No alcohol. No tobacco.

Boundaries must be clear.

It may mean a family member needs treatment.



Who's The Problem?

- Fix My _____ Mentality
- Focus On The Family
 - Enabling/codependence
 - Resentment
- Family Roles:
 - Victims, Chief Enabler, Family Hero, Scapegoat, Mascot, Lost Child



Removing Judgement

- Formal Diagnosis: BAD
- Blaming & Shaming
- Negative Environment

- Disease Model of Addiction
- Biological Predisposition
- Learned Behaviors



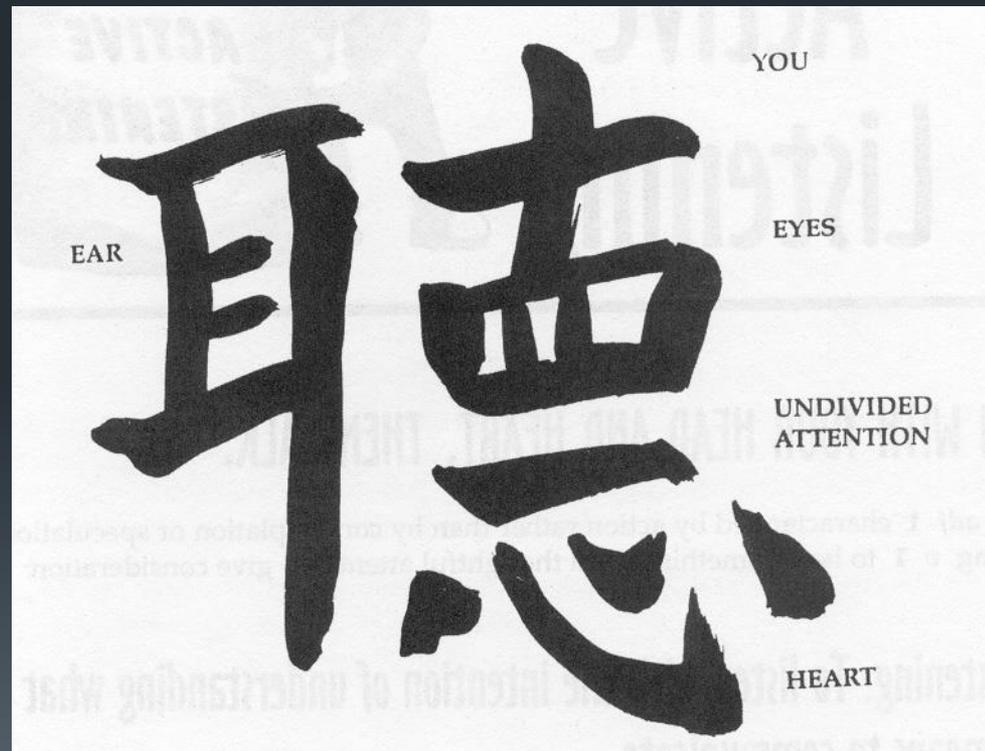
Developing Empathy

- “I’m Alone.”
- “No One Understands Me.”
- I’m a Screw Up.”
- I Hurt My Child.”
- It’s All My Fault.”

- Everyone Has Been Hurt
 - Breaking Down Barriers (Frontin’ and Playing Parts)
 - Becoming Vulnerable

Assertive Communication

- STOP – LISTEN
- Shift The Focus
 - “I’m right...here’s why
 - “Help me understand
- Use “I Statements”
 - You – Defensive
 - I – Inviting





Structure

- Family System:
 - Consequences
 - Rewards
- Consistency
 - “Do as I say not as I do”... Doesn’t Work!
- Family Accountability
 - Everyone Must Adjust



How To Promote Engagement

- Mandate It?
- New is Scary!
- Experience Creates Comfort
- Ready For Change



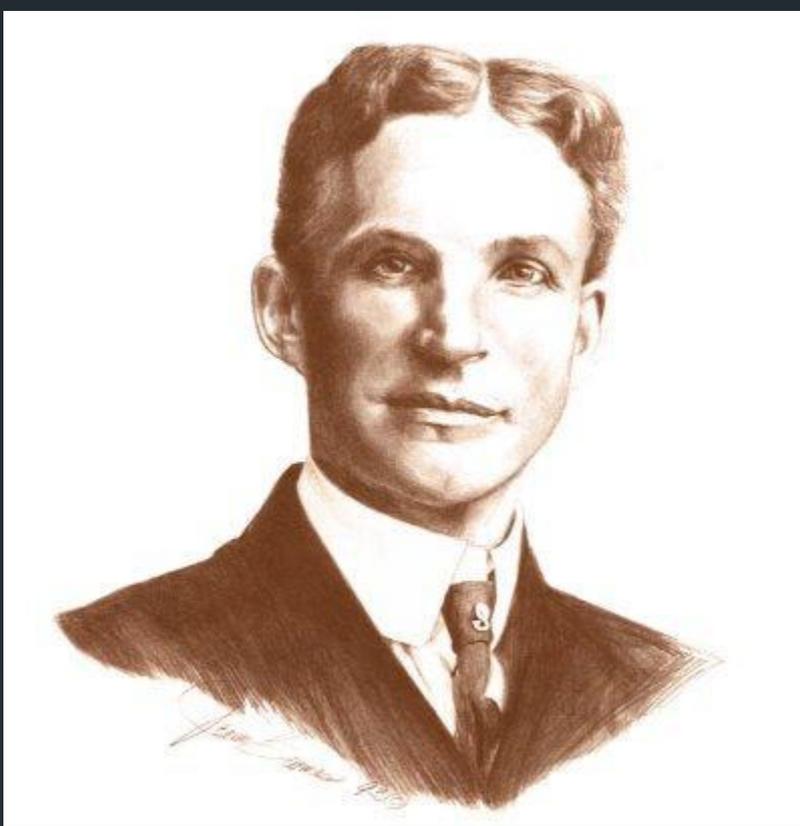
Motivation For Change

- “You’re only as strong as your weakest link.”
- 1 against the world
 - Isolation
- 1 with my Family
 - Unity
- “Worth Fighting For.”
 - Not fighting against



Benefits of Family Cohesion

- Open Communication
- Healthy Boundaries
- Structure & Expectations
- Respect
- Empathy



“Coming together is beginning, keeping together is progress, and working together is success.”

~Henry Ford



Practical Tools

- Jerry Moe and the Seven Cs
- Adolescent Treatment
- Parent-Child Dynamics
- Family Sculpting
- Family Scripts
- Fish Bowl
- Support Groups



The “Seven Cs” is a tool to help young people understand that they are not responsible for their parents’ problems.

Children need to know that it is not their fault when their parents drink too much or abuse drugs, and that they cannot control their parents' behavior. They should also be shown that there are ways they can learn to deal with their parents' alcoholism or drug use.





Here are the 7 Cs:

- I didn't **CAUSE** it
- I can't **CURE** it
- I can't **CONTROL** it
- I can help take **CARE** of myself by:
 - **COMMUNICATING** my feelings
 - Making healthy **CHOICES**
 - **CELEBRATING** me



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Family Therapy



THE FIRST SESSION

When a family comes into therapy it is stuck in a homeostatic phase



**When a family comes in they
are ill at ease and do not
know the rules.**



They assume the therapist is an expert who will help them with their problem as they perceive it

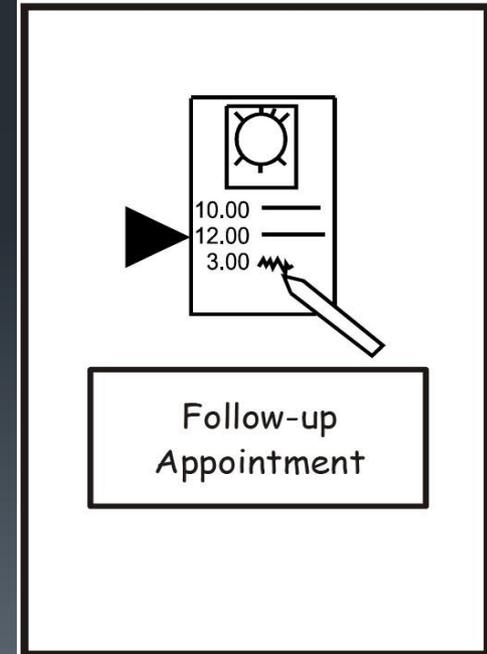
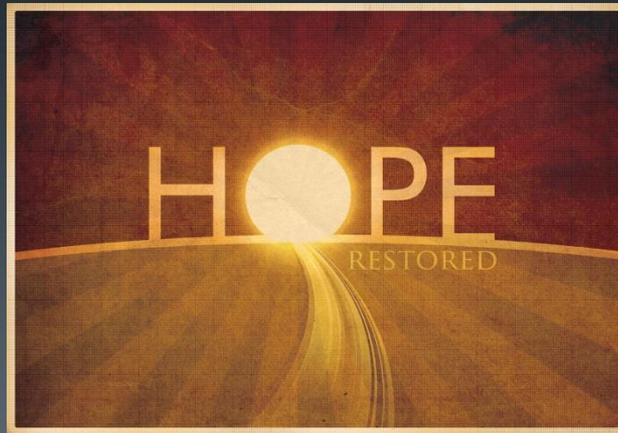


Closer to Reality...



Focus of the First Session

Relieve Stress, Create Hope
for Change, And Assure
That the Family Will Return



**The therapist's first concern
is to put the family at ease.**



Comfort

*At
Ease*

When they sit down, pay attention to how they position themselves





Early data is minimal but will provide clues as to what may be explored later on.

The therapist must accommodate each individual, get to know them and learn their perception of the problem.



Their responses alone to these inquiries will provide indications of how they negotiate boundaries with the outside world.

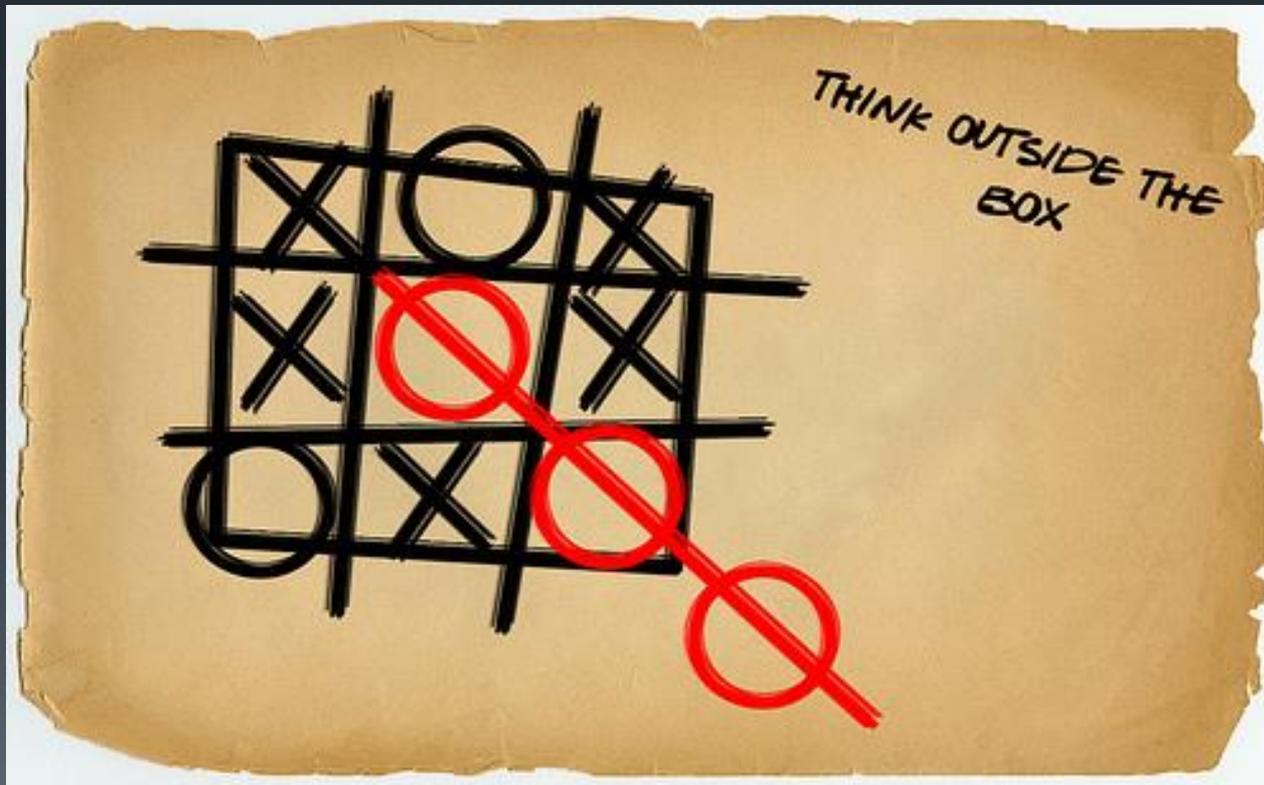
**To understand the family dance
the therapist must encourage
the family to address each other
in the session.**





**Any challenge to the
rules (family dance)
will be countered
automatically.**

**Demands for the status quo
constrain the family's ability
to deal creatively with change**



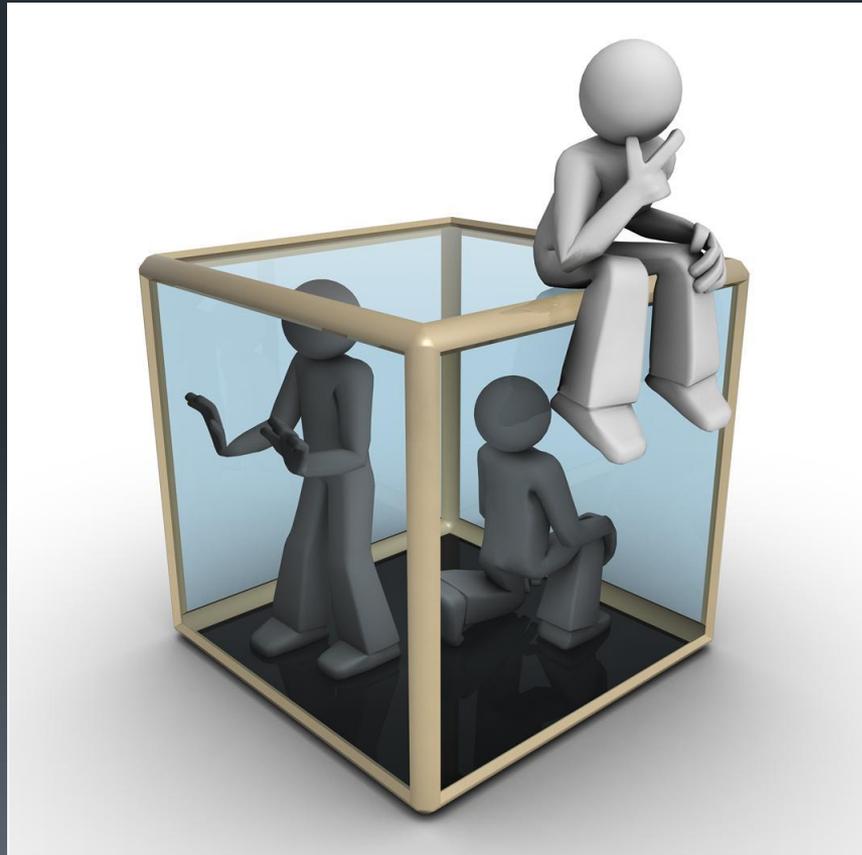
**The family will generally
identify one member as
the location of the
problem**



The therapist must resist the urge to rescue the symptom bearer or they will join in the scape-goating.



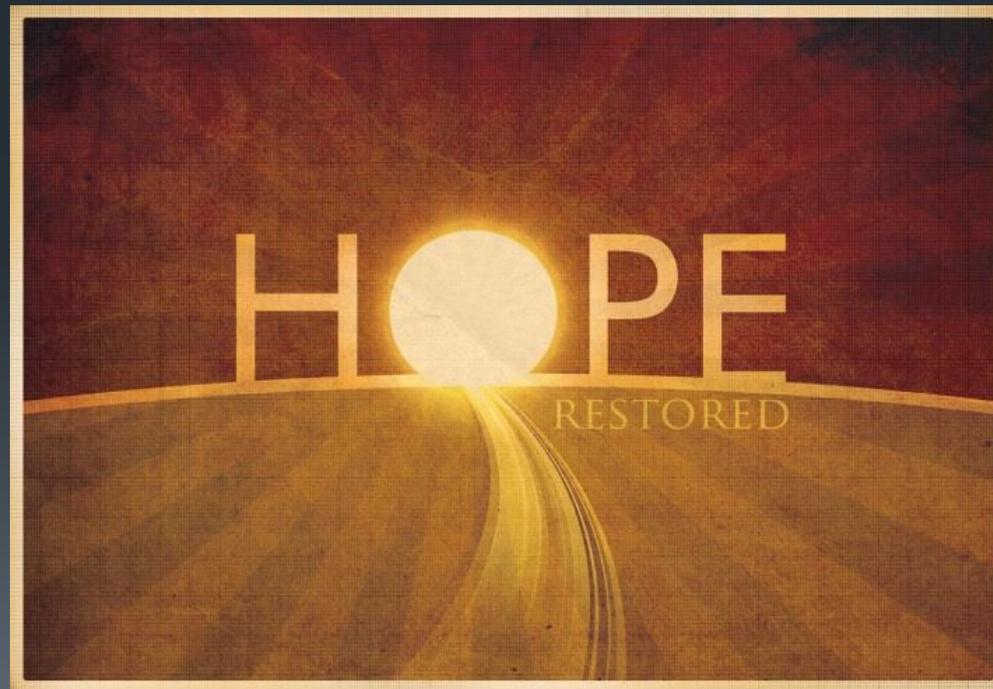
By broadening the focus the options for change become greater





The family must begin
to see the problem as
broader than one
individual.

By broadening the focus the therapist raises the hope that a different way of looking at the problem will bring new solutions.



The identified patient is only the symptom bearer... the cause is dysfunctional family transactions.



Because of their *over focus* on the IP they have less freedom than usual and their capacity for exploration has been reduced.





**Family's expectations also
limit their ability to change**



The family and therapist form a partnership to:

- Reduce conflict and stress for the entire family**
- Learn new ways of coping**
- Free the symptom bearer of symptoms**



Each New Session

The therapist must challenge the dysfunctional aspects of the family dance while confirming the individual.

The therapist must learn the idiosyncrasies of the family dance by having the family dance their dance during the session





**Families which have tenuous
boundaries with the outside
world will reveal themselves
immediately**

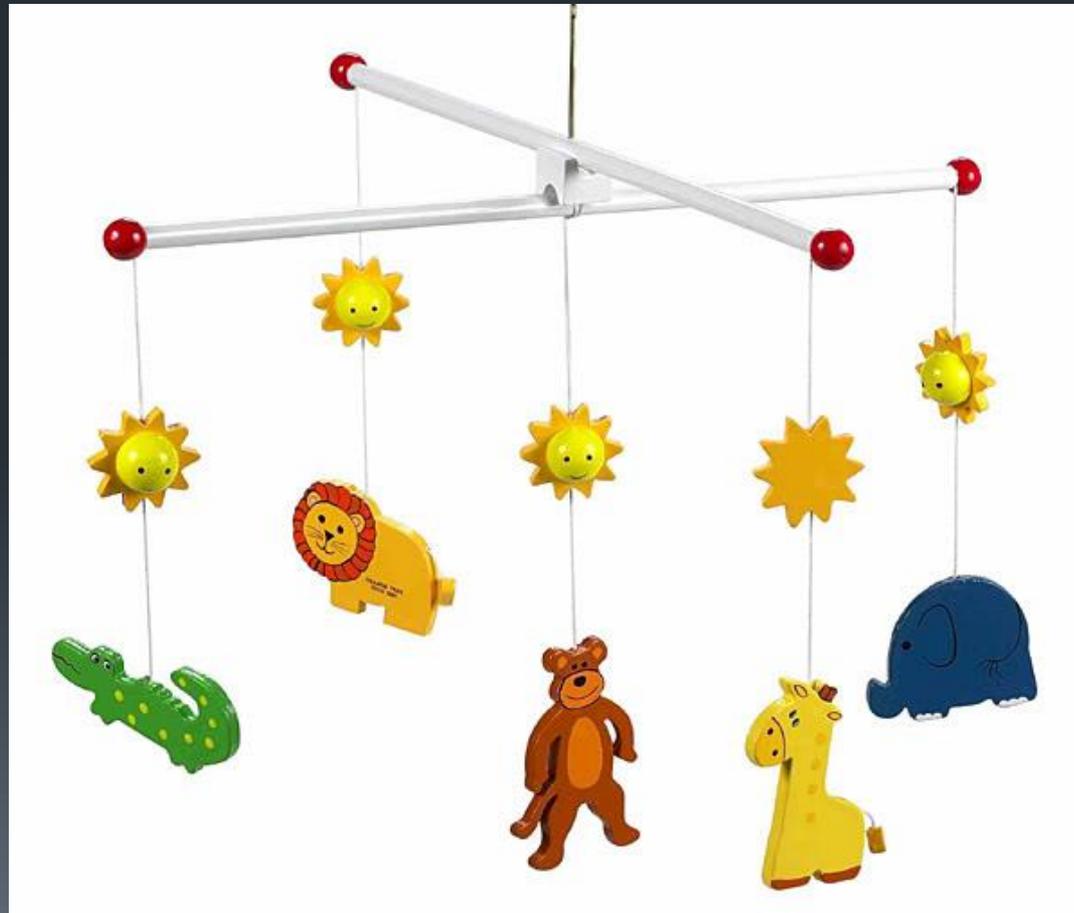


**Other families will protect
themselves by giving an
official version of the problem**



The therapist must get to know the family in their unofficial ways and must be careful not to join the family in supporting the status quo in an effort to accommodate the family

Change in one part of the system will cause change throughout the system.





Some concepts driving family therapy:

- **Context affects inner process**
- **Change in context produces change in the individual**
- **The therapist's behavior is significant to the change**



Advanced Concepts in Family Therapy

ASSESSMENT USING NEW LENSES

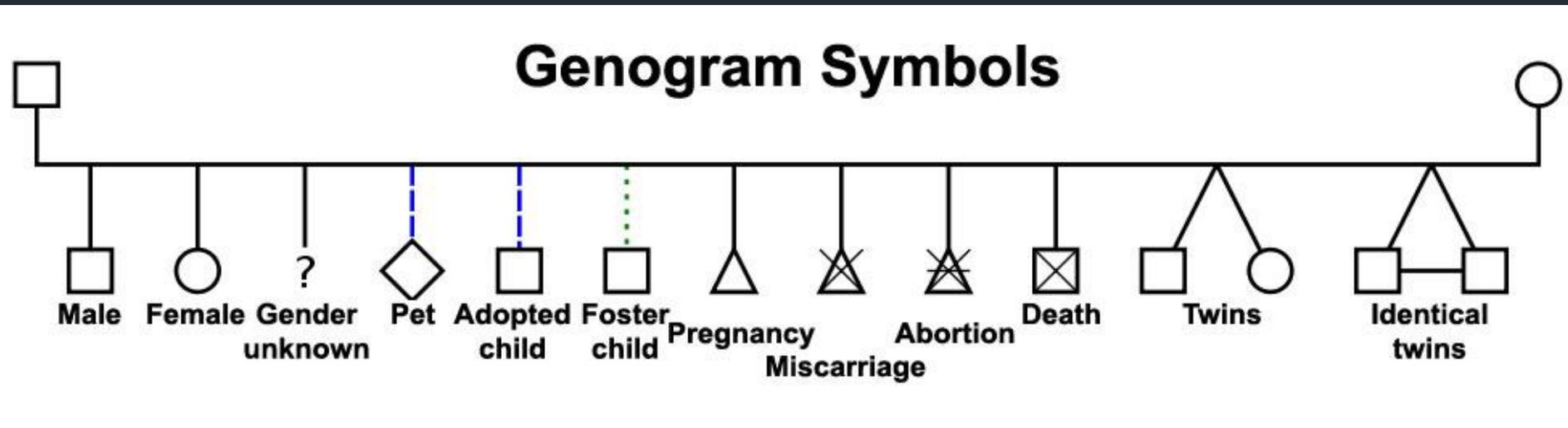
Contemporary developmental pressures

Structure

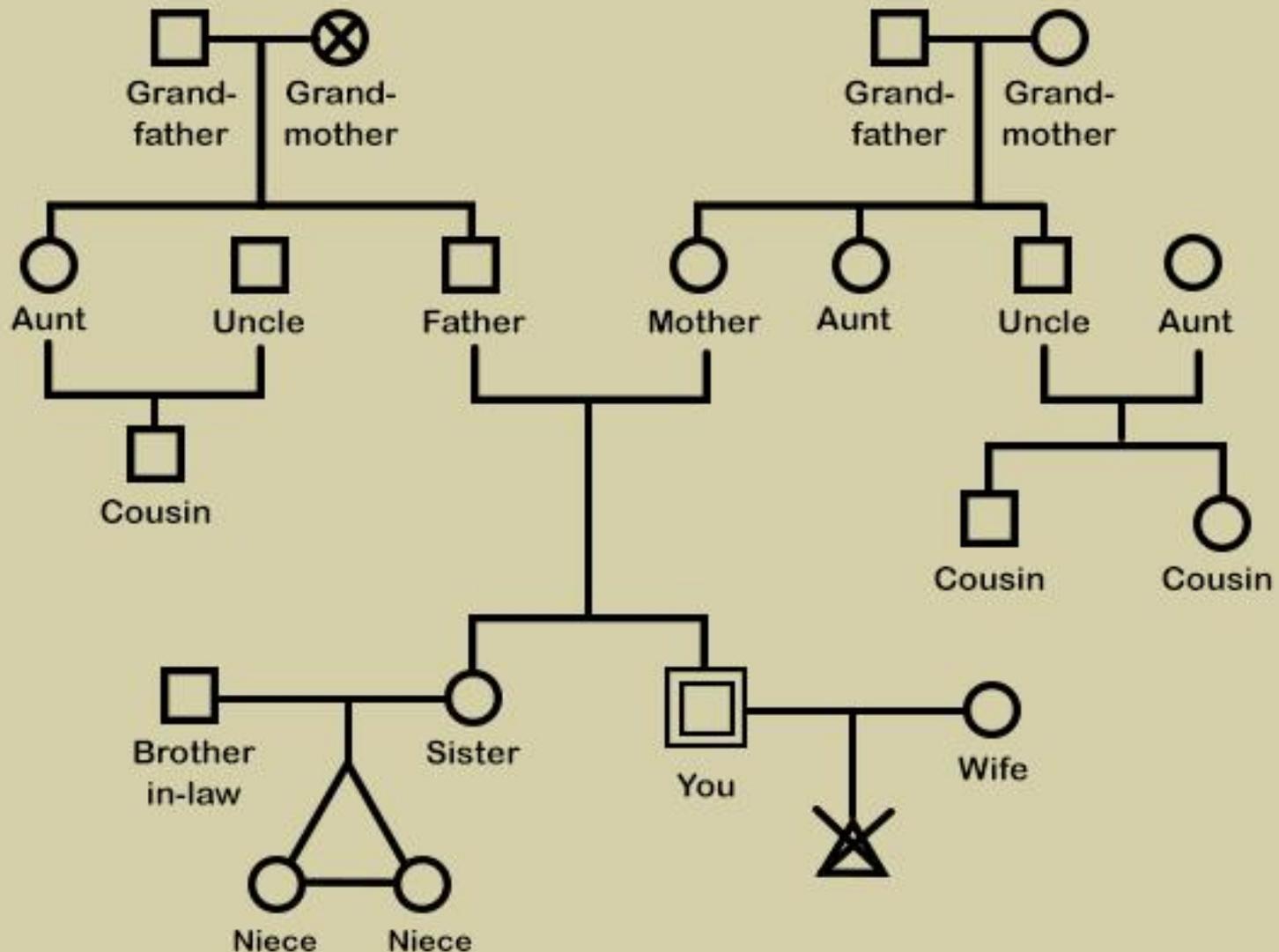
History

Process

Social Atoms/ Genograms

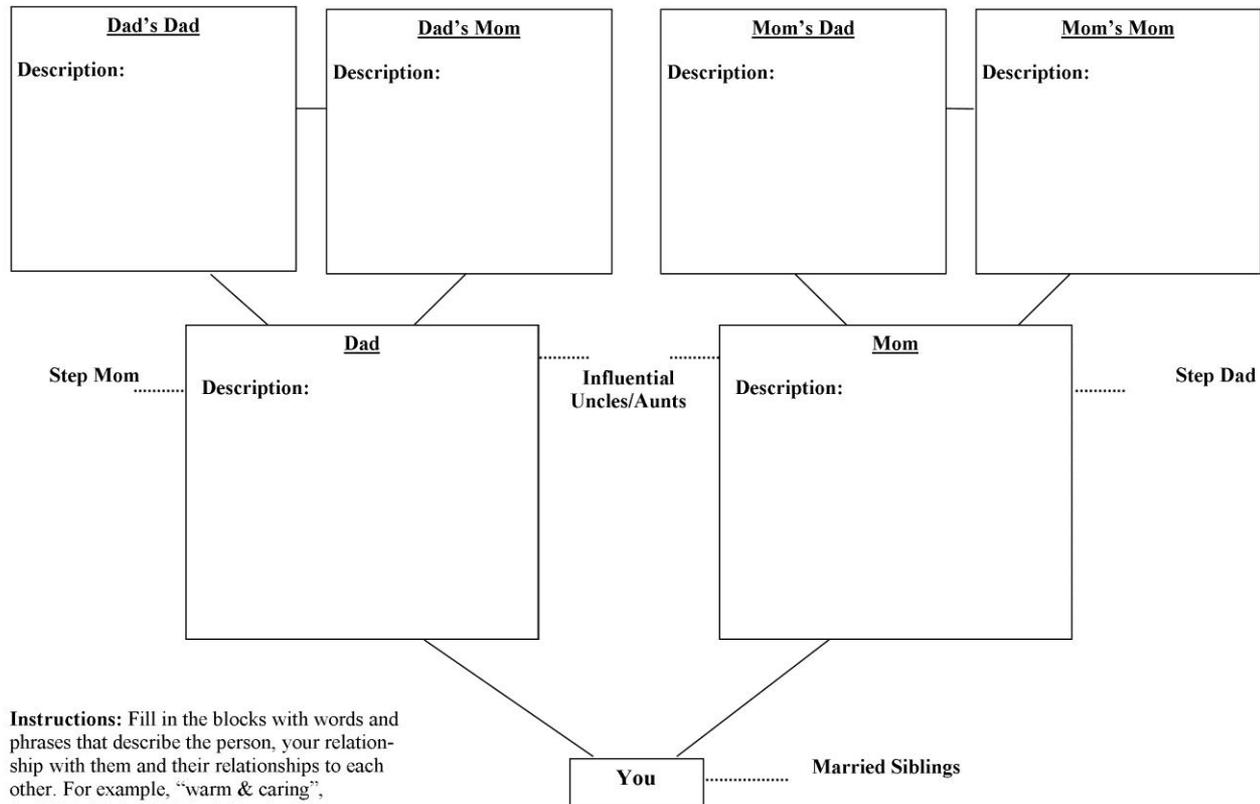


Social Atoms/ Genograms



Social Atoms/ Genograms

Mapping out a Genogram



Instructions: Fill in the blocks with words and phrases that describe the person, your relationship with them and their relationships to each other. For example, "warm & caring", "selfish", "driven", "disciplinarian", "abandoned us", "divorced", etc.



Challenging the system

Families come to therapy after a prolonged struggle

Have identified one member as the problem

They relate their struggle to the solutions they have tried and their failures

The family struggle produces heightened affect but not change

Enactment

The therapist observes the family and decides which area to highlight

The therapist organizes scenarios in which the family members dance their dance in his/her presence

The therapist suggests alternative ways of interacting and gives the family new ways of resolving problems



Enactment is like a conversation in which the therapist and the family try to make each other see the world as they see it.

Cognitive constructs are rarely powerful enough to produce change.





**Since childhood, therapists
have been trained to respect
and accept other's
idiosyncrasies.**



**THERAPY MUST GO
BEYOND “TRUTH” TO
EFFECTIVENESS.**

Therapy is the process of challenging how things are done.



One does things not because they
are but because they *work*.

What is the “fit” of the behavior?



Intensity must often be created in the session to facilitate change.



Intensity can be likened to a shouting match between a therapist and a hard of hearing family.





Techniques for creating intensity:

Repetition of message

Changing distance

Resisting the family pull

Family members may have a discriminating sense of hearing with areas of selective deafness.



Sometimes simple conversation is intense enough and others require higher intensity.



Additional thoughts...

Creating a safe environment may very well mean changes in family habits.

It may mean that family members need to talk to their extended families and friends.

It may also mean monitoring the behavior of of all family members and saying no if they use.

It may feel awkward. Do it anyway.

It may be a pain in the behind. Do it anyway.

Additional thoughts...

If anyone told you raising children was easy, they lied.

If anyone told you family was easy, they lied.

Parental emotional growth is as important as children's emotional growth.

Treating professionals are not here to make being in a family easy, but they can help family members complete the most difficult job they will ever attempt—loving each other well.

Summary:

A transformation in structure will produce a possibility of change

The system is organized around the support, regulation and nurturance of its members.

The therapist joins the family not to educate or socialize it but rather to repair or modify the family's own functioning so they can perform these tasks.



Families have self-perpetuating properties. Any change will be maintained by the family's self-regulating mechanisms. The family will preserve the change producing a new way of operating, altering the feedback which continuously qualifies or validates family member's experiences.

How do we get families to engage?



Invite them. Follow-up. Repeat.

Address barriers. (Financial and Familial)

Determine how to engage.

Welcome them.

Avoid shaming or belittling them in any way.

Praise incremental change.

Let them know how important they are.

With Gratitude To...

- Bellevue University
- Petra Clay-Jones
- Jeff Georgi
- Dr. Susan Holman
- Bob Lynn
- Elizabeth Serricchio



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